

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE
CIVIL RIGHTS ACT, 42 U.S.C. § 1983, WITH JURISDICTION
UNDER 28 U.S.C. § 1343

UNITED STATES DISTRICT COURT
DISTRICT OF MAINE

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DISTRICT OF MAINE
BANGOR
RECEIVED & FILED

AUG 22 2024

CHRISTA K. BERRY, CLERK
BY
DEPUTY CLERK

JOSEPH VAN DAM
[Enter above the full name of
the plaintiff in this action]

v.

Docket no.

WELL PATH
1182 DOVER RD
CHARLESTON, ME
[Enter above the full name of
the defendant(s) in this action] 04422

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes [] No [☒]
- B. If your answer to "A" is yes, describe the lawsuit in the space below. [If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline]

1. Parties to this previous lawsuit

Plaintiff(s) N/A

Defendant(s) _____

2. Court [If federal court, name the district; if state court, name the county]

N/A

3. Docket number

4. Name of judge whom case was assigned N/A

5. Outcome [for example: It is still pending? Was it dismissed? Was it appealed] _____

6. Approximate date of filing lawsuit N/A

7. Approximate date of outcome N/A

II. Place of present confinement MT. VIEW CORR. FAC. (MAINE STATE PRISON)

A. Is there a prisoner grievance procedure in this institution?

Yes [☒] No [☐]

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes [☒] No [☐]

C. If your answer is "Yes"

1. What steps did you take? I wrote 2 grievances

2. What was the result? NONE

III. Parties

[In item "A" below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.]

A. Name of Plaintiff JOSEPH VAN DAM

Address 1182 DOVER RD. CHARLESTON 04422

[In item "B" below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item "C" for the names, positions, and places of employment of any additional defendants.]

B. Name of Defendant WELLPATH MEDICAL

Position _____

Address 1182 DOVER RD. CHARLESTON 04422

C. Additional Defendant(s) N/A

IV. Statement of Claim

[State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.]

I SPENT 4 MONTHS UNDER THE CARE
OF WELLPATH (WHILE AN INMATE OF ^{MADISON} STAFF ^{RISE})
I WAS NOT PROPERLY CARED FOR -
I AM IN CONSTANT ~~PAIN~~ PAIN.

V. Relief

[State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.]

I WANT \$85,000 FOR THE
LACK OF CARE OF MY
CONSTANT PAIN.

Signed this 17th day of AUGUST, 2024

[Signature]
Signature of Plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

8-12-24
Date

[Signature]
Signature of Plaintiff